

KIDS Clinical Guideline:

Metabolic emergencies presenting in the Neonatal Period and Early Infancy

| Checklist: V Use this checklist to assist in ensuring adequate therapy and monitoring are in place prior to and during transfer. | Identify and Consult: ☐ Identify possible inherited metabolic disease (eg: antenatal diagnosis; family history; consanguinity; baby in first few days / weeks of life, poor feeding/sleepy, hypoglycaemic, high lactate, metabolic acidosis, abnormal liver function) ☐ Conference call with KIDS and Birmingham Children's Hospital Metabolic Consultant (0300 200 1100) ☐ Identify Time Critical Nature — prepare for possible local team transfer (in discussion with KIDS and Metabolic Consultant) | | |
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| Airway and Breathing: ☐ Support airway/administer O ₂ as required ☐ Monitor respiratory rate and SpO ₂ ☐ Intubate and ventilate as required(ie GCS<8) | | Circulation: ☐ Obtain 2 points of venous access ☐ Use 0.9% saline boluses to support circulation ☐ Consider vasoactive agents after 40-60 ml/kg ☐ Monitor heart rate, blood pressure, perfusion, pulses, urine output | To access the specialist drugs required for treatment of hyperammonaemia - Call your local hospital on call pharmacist, who should call Birmingham Children's Hospital Pharmacy for assistance on 0121 333 9999 (bleep via switchboard) |
| ☐ Monitor serum glucose and b☐ Measure serum ammonia - s☐ Measure LFTs, U&Es, coagula | olood gases freque end urgently ation screen | DG guideline – in discussion with KIDS/BCH Metabolently including lactate - in discussion with KIDS/BCH Metabolic Consultant | ic Consultant |
| Further actions: ☐ Take sample for x-match (ma | v require haemof | ltration) | |

☐ Do not wait for specialist drugs or lab results to be available if this will delay patient transfer – discuss with KIDS/BCH Metabolic Consultant

☐ Administer emergency drugs as per BIMDG guideline - discuss with KIDS/BCH Metabolic Consultant